

VII. STAFFING AND VOLUNTEER REPORT FOR SUPPORT CENTERS

Applicant Name:

Complete the following chart, indicating the number of attorney, paralegal, law student, clerical and other personnel positions that were occupied in the previous calendar year. Please note that you should count only the number of authorized positions, not the number of employees that occupied different positions. On each line, also report the total number of volunteers and "legal support" hours donated (see Rule 3.672).

ACTUAL STAFFING IN PREVIOUS CALENDAR YEAR							
	Full-Time Staff	Part-Time Staff		Temporary Staff		Volunteers	
		Number	Full-Time Equivalents	Number	Total Hours	Number	Donated Hours
1. Attorneys							
2. Paralegals							
3. Law Students							
4. Clerical/Administrative							
5. Other Personnel							
TOTALS							

DETAILS ABOUT YOUR VOLUNTEERS: CHECK "YES" OR "NO"					
Their Practice Settings	Yes	No	Their Volunteer Activities	Yes	No
Solo	<input type="checkbox"/>	<input type="checkbox"/>	Hotline/Intake	<input type="checkbox"/>	<input type="checkbox"/>
Small Firm	<input type="checkbox"/>	<input type="checkbox"/>	Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Medium Firm	<input type="checkbox"/>	<input type="checkbox"/>	Co-Counsel	<input type="checkbox"/>	<input type="checkbox"/>
Large Firm	<input type="checkbox"/>	<input type="checkbox"/>	Full Case Representation	<input type="checkbox"/>	<input type="checkbox"/>
Academia	<input type="checkbox"/>	<input type="checkbox"/>	Limited Scope Services	<input type="checkbox"/>	<input type="checkbox"/>
Corporate	<input type="checkbox"/>	<input type="checkbox"/>	Training	<input type="checkbox"/>	<input type="checkbox"/>
Government/Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Public Interest	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Retired/Emeritus	<input type="checkbox"/>	<input type="checkbox"/>			

6. Attach the following documents:

a. A roster of board members including their affiliations, addresses and phone numbers.

b. A current organizational chart, including all approved positions. In the space provided below, identify titles of "Other Staff" positions reflected on line 5. Also indicate the full-time equivalent for each position listed, and any positions currently vacant.

c. A current salary schedule.

d. A complete set of current job descriptions for all filled and unfilled management, professional, and support positions that correspond to your current organizational chart. Descriptions should include minimum experience and educational requirements. *Do not submit job announcements.*

VIII. SOURCE OF FUNDING REPORT

Applicant Name:

List amounts of cash funding received in 2010. Provide itemized values under "Subtotals" where requested; otherwise insert figures in the total column. **DO NOT INCLUDE IOLTA OR EAF GRANT AMOUNTS.**

SOURCE	SUBTOTALS	TOTAL
1. Individual Contributions		
Attorneys		
United Way		
2. Organizations		
Bar Association		
Law Firms		
Other		
3. Special Events		
4. Foundations		
5. Government Resources		
Identify your two largest grants by agency and activity for each category.		
a. Federal		
Other Federal		
b. State		
Other State		
c. Cities and Counties		
Other Cities and Counties		
6. Court-Awarded Attorneys' Fees		
7. Cy Pres Awards		
State		
Federal		
8. Reimbursements		
9. Earned Income		
Registration Fees		
Publication Sales		
Contracts		
10. Other Cash Support		
TOTAL OF NON-TRUST FUND REVENUE		\$

IX. TOTAL CORPORATE EXPENDITURES FOR CALENDAR YEAR JANUARY 1 - DECEMBER 31

1. Applicant Name:

2. Report Prepared By:

Direct Phone:

E-mail:

3. Calendar Year:

2010

List all of your corporation's **cash** expenditures for calendar year 2010 on this form. *Do not include the value of donated services.*

PERSONNEL

- 4. Lawyers
- 5. Paralegals
- 6. Other Staff
- 7. **Subtotal**
- 8. Employee Benefits
- 9. **Total Personnel**

TOTAL EXPENDITURES (Use whole numbers)

\$

NON-PERSONNEL

- 10. Space
- 11. Equipment Rental & Maintenance
- 12. Office Supplies, Printing & Postage
- 13. Telecommunications
- 14. Program Travel
- 15. Training
- 16. Library
- 17. Insurance
- 18. Audit
- 19. Litigation
- 20. Depreciation
- 20a. *Capital Additions**
- 21. Contract Service to Clients*
- 22. Contract Service to Program*
- 23. Other*
- 24. **Total Non-Personnel**

25. **TOTAL**

*Use the following worksheet (Itemized Expenses) to itemize the expenses in these categories.

Itemized Expenses

Use this page to itemize any expenses entered on lines 20a, 21, 22, or 23 of Form IX.

20a. *Capital Additions*

21. Contract Service to Clients

22. Contract Service to Program

23. Other

X. EXPENDITURES FOR SUPPORT SERVICES

Applicant Name:

1. What was the amount of your total corporate expenditures in the previous calendar year? Enter the amount from line 25 of Form IX.	(1) \$ <input style="width: 80%;" type="text"/>
2. Did your program engage in activities other than legal training, legal technical assistance or advocacy support without charge to qualified legal service projects? <input type="checkbox"/> YES* <input type="checkbox"/> NO Enter the amount that was expended for such activities.	(2) \$ <input style="width: 80%;" type="text"/>
3. Did your program incur expenses as lessor or sublessor of property? <input type="checkbox"/> YES* <input type="checkbox"/> NO Enter the amount that was expended for such activities.	(3) \$ <input style="width: 80%;" type="text"/>
4. Did your program charge for any of its legal training, legal technical assistance or advocacy support services? <input type="checkbox"/> YES* <input type="checkbox"/> NO Enter the amount that was expended for such services.	(4) \$ <input style="width: 80%;" type="text"/>
5. Did your program charge for any of its publications or resource materials? <input type="checkbox"/> YES* <input type="checkbox"/> NO Enter the amount that was expended for the production of the materials.	(5) \$ <input style="width: 80%;" type="text"/>
6. Did your program receive reimbursement for any expenses incurred providing legal training, legal technical assistance or advocacy support? <input type="checkbox"/> YES* <input type="checkbox"/> NO Enter the total amount of reimbursements received.	(6) \$ <input style="width: 80%;" type="text"/>
7. Add lines 2 through 6.	(7) \$ <input style="width: 80%;" type="text"/>
8. Total Expenditures for Free Legal Training, Legal Technical Assistance and Advocacy Support. Subtract line 7 from line 1.	(8) \$ <input style="width: 80%;" type="text"/>
9. Percent of Expenditures for free legal training, legal technical assistance and advocacy support. Divide line 8 by line 1.	(9) \$ <input style="width: 80%;" type="text"/>

* If you answered "yes," explain how you calculated the amount of these expenditures on Form X-A.

X-A. ADDITIONAL INFORMATION ABOUT EXPENDITURES FOR SUPPORT CENTERS WITH CERTAIN ACTIVITIES

Complete this form if you answered "yes" to questions 2, 3, 4, 5 and/or 6 on Form X.

1. If you answered "yes" to question 2, identify the non-qualifying activities or services and explain how you calculated the total cost of providing these services, including not only salaries and direct expenses but also all related indirect costs and overhead (see Guideline 2.3).

2. If you answered "yes" to question 3, explain how you calculated total costs related to leasing or subleasing real property, including salaries, direct expenses and all related indirect costs and overhead (see Guideline 2.3). Also include amounts paid as mortgage or rent for space that was leased/subleased.

3. If you answered "yes" to question 4, explain how you calculated the total cost of providing the services for which your program charged, including not only salaries and direct expenses but also all related indirect costs and overhead (see Guideline 2.2.4). Provide a list of these activities or services and the corresponding expenses.

4. If you answered "yes" to questions 5 and/or 6, explain how you calculated the total cost of producing these materials for which your program charged, including not only salaries and direct expenses but also all related indirect costs and overhead (see Guideline 2.2.4). Provide a list of these materials and the corresponding expenses.

5. If you answered "yes" to question 6, explain how your program accounts for reimbursements received.

XI. ANNUAL ASSISTANCE SUMMARY REPORT

Applicant Name:

See Eligibility Guideline 2.2 which describes the criteria for services to be counted as legal training, legal technical assistance and advocacy support without charge to qualified legal services projects (QLSP's).

1. TRAINING	Number of Trainings/Task Force Meetings	Number of Attendees	Number of Different QLSPs Served
a. Organizer/Moderator			
b. Panelist/Trainer			

Provide a list of training events pursuant to the instructions for Form XI, No. 1.

2. TECHNICAL ASSISTANCE	Total Number of Individual Requests for Service	Number of Different QLSPs Served
a. Brief Services/Consultation		
b. Extensive/In-Depth Assistance		
c. Research		

Include consultation that occurs prior to, or does not rise to the level of, litigation or advocacy under Technical Assistance.

3. ADVOCACY SUPPORT	Number of Impact or Class Action Matters	Number of Cases or Matters for Individuals	Number of Different QLSPs Served
a. Representation/Co-Counseling			
<ul style="list-style-type: none"> <i>Provide a list of the impact or class action matters that were undertaken by your program in the previous calendar year.</i> <i>Provide information for each case and matter as described in the instructions for Form XI, No. 3.</i> 			
b. Administrative or Legislative Advocacy			
<ul style="list-style-type: none"> <i>Attach a summary of legislative or administrative advocacy activities that were undertaken by your program in the previous calendar year.</i> 			
c. Other Advocacy Activities			

4. TASK FORCE MEETINGS	Number of Task Force Meetings	Number of Attendees	Number of Different QLSPs Served

Provide information regarding task force activities. Include the name(s) of task forces, your program's role on the task force, dates and locations of meetings attended.

5. List resources you developed and distributed to QLSPs. Do not include the printing and/or distribution of information or materials provided by others. List only those materials actually produced and distributed by your center.

- 6.** List all efforts made to inform QLSPs of the availability of your services.
- a.** Attach copies of at least two communications sent to these programs during the previous calendar year.
 - b.** On a separate page, list any other efforts to make the availability of your services known during 2010 (e.g., through your Web site, task force meetings or other group projects in which you participated.)

7. Provide information regarding the following:

- a.** Attach a list of the QLSPs to which your center provided assistance in 2010, and describe the nature of the assistance. Include only those projects that received legal training, legal technical assistance or advocacy support without charge.

Do not include projects to which you provided only a newsletter or other informational mailings. For a project with branch offices, list the project only once but indicate to which office services were provided. Do not include other support centers or programs that are not QLSPs.

- b.** *How many individual QLSPs have you listed?*